

**Alaska Department of Revenue
Permanent Fund Dividend Division
2022 Adult Prior Year Non-Filer**

PFD Division Use Only

20220

This is not an application.

Printed Name	Social Security Number	Date of Birth
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1. Explain why you did not apply for a 2021 Permanent Fund Dividend in the space provided below. Attach additional sheets if necessary.

2. Were you absent from Alaska at any time from January 1, 2020 through December 31, 2021? ☐ Yes ☐ No

3. If **Yes** to question 2, list the dates you were absent from Alaska during the period between January 1, 2020 through December 31, 2021. Write the absence reason code in the space provided and explain the reason for each absence. Attach a separate sheet for additional absence dates.

Code (A-Q)	Absence Begin Date	Absence End Date	Why were you absent?
<input type="text"/>	<input type="text"/>	<input type="text"/>	
<input type="text"/>	<input type="text"/>	<input type="text"/>	
<input type="text"/>	<input type="text"/>	<input type="text"/>	
<input type="text"/>	<input type="text"/>	<input type="text"/>	

Absence Reason Codes

- A. Accompanied an **eligible Alaska resident** as the resident's spouse or disabled dependent.

Name of the Alaska Resident You Were With	
First Name	MI Last Name
Alaska Resident's SSN	
Date of Birth	

- B. Enrolled and attended school as a full-time student receiving postsecondary education (beyond grade 12). Download an Education Verification form at www.pfd.alaska.gov.
- C. Served on active duty as a member of the U.S. Armed Forces. Attach a copy of your orders.
- D. Received continuous medical treatment under a licensed physician's care. Download a Medical Treatment Verification form at www.pfd.alaska.gov.
- E. Served as a member of Alaska's congressional delegation or staff.
- F. Served as a volunteer in the federal Peace Corps program. Attach proof.
- G. Trained or competed as a member of the U.S. Olympic team. Attach proof.
- H. As a requirement of employment by the State of Alaska.
- I. Other reasons, including business or vacation. Attach explanation.
- J. Sought employment or was employed for a reason other than B, C, E, H or Q. Attach explanation.
- L. Cared for a parent, spouse, sibling, child or stepchild with a critical life-threatening illness which required the ill individual to leave Alaska for treatment.
- M. Settled the estate of a deceased parent, spouse, sibling, child or stepchild.

Absence Reason Codes (continued)

- N. Provided care for a terminally ill family member. Download a Physician's Statement for Terminally Ill Care form at www.pfd.alaska.gov.
- P. Employed aboard a vessel of the U.S. Merchant Marine.
- Q. Enrolled and attended school as a full-time student receiving secondary education (grades 7 through 12). Download an Education Verification form at www.pfd.alaska.gov.
- R. Participated for educational purposes in a student fellowship sponsored by the United States Department of Education or by the United States Department of State. Attach Proof.
- S. Permanently relocated outside Alaska.

Notice: You must provide the requested information within 30 days after the date of this request. If you do not, your application will be denied in accordance with 15 AAC 23.173(d).

Your Signature is Required

Release of Information: I authorize the release of confidential records to the Alaska Department of Revenue necessary to verify my eligibility for the Permanent Fund Dividend, including but not limited to confidential records from financial, private, and education institutions; state, federal, or other public agencies, including but not limited to Internal Revenue Service, Social Security Administration, and the Alaska DHSS, Division of Public Assistance and Alaska Office of Children's Services; any other state or country, including but not limited to state and local taxes, employment, education, or public assistance benefits. I understand that this information may be used in administrative and/or criminal proceedings. I agree that a copy of this authorization is as valid as the original.

I certify that the information which I supplied on and with this form is true and correct.

Your Signature	Date
Daytime Telephone Number	Email Address